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C-1-01-556 (Doc 6)

X-RAV

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Shawn Heard  
#043-026  
Ohio Reformatory for Women  
1479 Collins Ave.  
Marysville, OH 43040

A. Signature

X *Molly Richardson* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

*Molly Richardson* C. Date of Delivery *6-12-04*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

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